

**APPLICATION FOR ABSENTEE BALLOT**  
**St. Clair County, Illinois**

**FOR ELECTION AUTHORITY'S USE ONLY**

ID #	BALLOT STYLE	Voter's Consecutive Number
DATE OF BIRTH	PRECINCT	Judge's Initials

**FOR OFFICE USE ONLY**

☐ Absentee    ☐ Early Voter    ☐ Grace Period Voting

I state that I am a resident of St. Clair County, residing at, \_\_\_\_\_ ,  
that I have lived at said address for 30 days or more preceding this election, that I am lawfully entitled to vote at the  
\_\_\_\_\_ Election on \_\_\_\_\_ , and that I wish to vote by absentee ballot.

I hereby make application for an official ballot to be voted by me at such election, and I agree that I shall return such ballot to the election official issuing the same prior to the closing of the polls on the date of election or, if returned by mail, postmarked no later than midnight preceding election day.

I understand that this application is made for an official absentee ballot to be voted by me at the election specified in this application and that I must submit a separate application for an official absentee ballot to be voted by me at any subsequent election.

Under penalties as provided by law pursuant to 10 ILCS 5/29-10, the undersigned certifies that the statements set forth in this application are true and correct.

**FOR PRIMARY ELECTION: MUST CHECK PARTY AFFILIATION:**

☐ **DEMOCRAT**    ☐ **REPUBLICAN**    ☐ **NONPARTISAN**

Dated: \_\_\_\_\_

Address to which ballot is to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Name of Applicant - Please Print)

\_\_\_\_\_  
(Date of Birth)

Phone Number: \_\_\_\_\_

Upon completion of application mail to:  
BOB DELANEY, St. Clair County Clerk  
Attn: Election Department  
10 Public Square  
Belleville, IL 62220-1623